

# EFFICIENT SCHEDULING

# PREPLANNING APPOINTMENTS

- BASED ON SPECIFIC TX PLAN : PCM designates parameters of time, sequence, HCP, treatment pairing, treatment interval, etc.
- DELEGATION TO LOWEST SKILL LEVEL APPROPRIATE
- RECOGNIZE AND PROVIDE: “1 STOP SHOPPING” / ECONOMY OF VISITS
- GLIDEPATH TO ‘WELLNESS’ ( CLASS I )

# APPOINTMENT PREPLANNING: A modified, expanded 'buck slip' and treatment plan

# SUGGESTIONS FOR APPOINTMENT PREPLANNING

- ◆ WRITE THE TREATMENT DISCIPLINE
- ◆ CODE THE OPTIMAL PROVIDER
- ◆ ESTIMATE TIME IN UNITS OF 10 MIN
- ◆ SENSITIZE DOCS TO TREATMENT SEQUENCE / INTERVAL / COMPATIBILITY ISSUES
- ◆ TRAIN STAFF , ESPECIALLY TREATMENT COORDINATORS, IN TX COMPATIBILITY

# EXAMPLE: HYGIENE

- CHOOSE A STANDARDIZED WORD FOR CATEGORY:
  - ◆ “HYGIENE”
- CODE THE PROVIDER LEVEL
  - ◆ E      91E10
  - ◆ X      91EX2 OR EFDA / DTA
  - ◆ H      RDH
  - ◆ D      DDS

# EXAMPLE: HYGIENE

- SELECT A STANDARD WAY TO INDICATE TIME UNITS:
  - ◆ II, III, IV, V,
  - ◆ 2,3,4,5,
- BEWARE: CRITERIA FOR ESTIMATED TIME
  - ◆ REALITY CHECK, CLEANUP, BREAK,
  - ◆ STRESS, RESENTMENT
  - ◆ DEGRADED THERAPEUTIC RESULTS
  - ◆ PATIENT PERSPECTIVE: EFFICIENT VS 'HERD'



Dec 2003

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# OPTIMUM 'RATE OF FIRE'

- "COMFORTABLY BUSY"
- "~ 80 % MAXIMUM SPEED"
- "...AN HONEST DAY'S WORK..."
- TARGET A RANGE OF OUTPUTS PER UNIT TIME COUPLED WITH EXCELLENT METRICS OF OUTCOMES
  - ◆ IDENTIFY YOUR PRIORITIES
  - ◆ OUTPUTS VS OUTCOMES



# EXAMPLE: TREATMENT PLAN

- 1. HYG: X 3
- 2. INT: >2WKS
- 3. OPER: ULQ3; LRQ4
- 4. OS: REF AFTER OPER

# CONSIDERATIONS IN SCHEDULING

- BILATERAL INF ALV BLOCKS
- PATIENT DESIRES: SPRINTS OR MARATHON
- HYG FIRST, FOLLOWED BY OPER ?
  - ◆ HYG PROVIDES LA – MARCAINE ???
  - ◆ HYG INTERVAL
- SPECIALISTS: REFERRAL POLICY / PREF/3984 for multidisciplinary cases
- NEED CONSENSUS / TRAINING FOR HCP / TC/ PM

# ■ SPECIALISTS: REFERRAL POLICY / PREF/3984 for multidisciplinary cases

DENTAL TREATMENT PLAN					1. CONSULTATION DESIRED <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, complete Section III, on reverse side)		
For use of this form, see TB MED 5; proponent agency is Office of TSG.							
SECTION I - PLANNED TREATMENT AND SEQUENCE OF ACCOMPLISHMENT							
Check items in Column c to indicate treatment planned. If sequence of treatment is other than that printed in column b, use numbers (1 thru 10) in column c to show desired order.							
LINE ITEM a	TYPE TREATMENT b	PLANNED SE- QUENCE c	ACCOM- PLISHED d	CHART Chart ONLY missing teeth and TREATMENT TO BE ACCOMPLISHED. Do NOT chart existing Pathology or Restorations.			
1	A URGENT						
2	B PERIODONTAL						
3	C PROPHYLAXIS <input type="checkbox"/> SnF2 PASTE						
4	D TOPICAL SnF2						
5	E REPEAT AFTER _____ MONTHS						
6	F COUNSELING IN SELF CARE						
7	G OCCLUSION						
8	H SURGERY						
9	I RESTORATIONS						
10	J PROSTHESES						
11	K OTHER (specify)						
12. REMARKS OR INSTRUCTIONS Use this space for additional clarification of recommended treatment or for describing treatment which does not lend itself to charting. Indicate nature of treatment and teeth or other tissues involved. Identify entry by code letter (Column a, above).							
13. DATE							
14. TREATMENT FACILITY							
15. SIGNATURE OF DENTIST RECORDING TREATMENT PLAN							
SECTION II - PATIENT IDENTIFICATION							
16. SEX		17. RACE		18. GRADE		19. ORGANIZATION	
20. PATIENT'S LAST NAME - FIRST NAME - MIDDLE INITIAL				21. DATE OF BIRTH		22. IDENTIFICATION NUMBER	

DA FORM 3984  
1 DEC 72 REPLACES DA FORM 8-278, 1 AUG 62 WHICH WILL BE USED.

■ **NEED CONSENSUS / TRAINING FOR HCP / TC/ PM**  
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